## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000009988

Entity Name: LEEJENN ENTERPRISES, LLC

FILED Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6440 W. NEWBERRY ROAD SUITE 401 GAINESVILLE, FL 32605

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 140764 GAINESVILLE, FL 32614

FEI Number: 81-0610502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, JENNIFER N SCOTT, JENNIFER N PO BOX 140764 6440 W NEWBERRY RD SUITE 401 GAINESVILLE, FL 32614 US GAINESVILLE, FL 32605

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/25/2007

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MGR

(X) Change ( ) Addition

(X) Change ( ) Addition

Title:

## MANAGING MEMBERS/MANAGERS:

( ) Delete MGR SCOTT, JENNIFER Name:

SCOTT, JENNIFER Name: Address: PO BOX 140764 Address: 6440 W NEWBERRY RD SUITE 401 City-St-Zip: GAINESVILLE, FL 32605 US

City-St-Zip: GAINESVILLE, FL 32614 US

Title: MGR Title: () Delete

Name: AVERA, LEE Name: AVERA, LEE

Address: PO BOX 140764 Address: 6440 W NEWBERRY ROAD SUITE 401

City-St-Zip: GAINESVILLE, FL 32614 City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER N SCOTT 04/25/2007